

Town of Simsbury Senior Tax Relief Program

Application for 2020 Grand List

Name _____ Total Income _____
Name _____
Location _____ Property ID # _____

1. Date of Birth _____
If Not age 65 by December 31, 2020 are you:
100% Disabled Yes _____ No _____
If Yes please provide current proof of disability.
Age 60 and a surviving spouse of a previously qualified applicant Yes _____ No _____
If yes Name of applicant _____
2. Have you resided in a residence in Simsbury and have you paid taxes on a residence in Simsbury for at least one year prior to this application? Yes _____ No _____
3. When did you purchase property? _____ Date of purchase _____
4. Is this property your legal domicile and will it be for at least 183 days in each Grand List Year for which you are claiming benefits? Yes _____ No _____
5. Do you own property in any other jurisdiction? Yes _____ No _____
If Yes, Name of jurisdiction _____
6. Are you receiving tax benefits or homestead program in any other jurisdiction? Yes _____ No _____
If Yes, Name of jurisdiction _____
7. Do you share ownership with anyone other than your spouse? Yes _____ No _____
If yes, Name _____
Their % of Ownership _____
8. Is this property a multifamily dwelling? Yes _____ No _____
If yes, how many units? _____
In which unit do you reside? _____
9. Does anyone other than a co-owner or spouse reside at the property? Yes _____ No _____
If yes, Name _____
Amount they financially contribute for property maintenance and expenses \$ _____
10. Have you applied for any other tax relief programs? Yes _____ No _____
11. Do you receive income from a trust or any other source not included in the financial statements provided? Yes _____ No _____
If yes, amount of income received? \$ _____
12. Is the property held in trust? Yes _____ No _____
If yes, who is pays the taxes? Trust _____ Owner _____

The applicant or authorized agent deposes that the above statements are true and complete and claims tax relief under provisions of the Connecticut General Statutes. The property for which tax relief is claimed, is the permanent residence/domicile of the applicant. He/she is not receiving tax benefits in any other jurisdiction. The penalty for making a false affidavit is the refund of all credits improperly taken and a fine of \$500.00 or imprisonment for one year, or both. Your signature signifies that this affidavit has been read and understood.

Signed _____ Name _____ Date _____

Office Use

Tax Assessor Rep. _____ Date _____ Approved _____ Denied/Reason _____



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The Town of Simsbury and its employees cannot determine which program fits the specific needs of each applicant. It is recommended that applicants discuss their individual situations with their attorney and/or financial advisor.

Tax Credit

Yes No

This program is a tax credit. The credit is a base credit amount depending on your income level and marital status. The credit amount will be increased by an amount equal to 75% of the amount by which the regular tax levied on the applicant's residence for the applicable Grand List exceeds the tax levied on the same property on the preceding Grand List. **This credit does not require reimbursement to the Town of Simsbury by the applicant.**

I acknowledge, that if I meet eligibilty requirements, that I will receive benefits under the program I have selected above. This selection excludes me from receiving any other tax relief available under this article.

Signature

Name

Date